

TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT				<small>FOR USACRC USE ONLY</small>		REQUIREMENTS CONTROL SYMBOL CSOCS-308	
SECTION A - ACCIDENT INFORMATION							
1. CHECK ONE <input checked="" type="checkbox"/> a. ORIGINAL <input type="checkbox"/> b. CHANGE		2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident) WCVCAA		3a. UNIT NAME AND MILITARY ADDRESS (Accountable Unit) 212th Military Police Company		3b. BRANCH (Armor, Infantry, etc.) Military Police	
4. DATE OF ACCIDENT a. YEAR: 2012 b. MONTH: 07 c. DAY: 27		5. TIME OF ACCIDENT (Local Military Time) 0745		6. PERIOD OF DAY (Check one) <input checked="" type="checkbox"/> a. Dawn <input type="checkbox"/> b. Day <input type="checkbox"/> c. Dusk <input type="checkbox"/> d. Night		7. ACCIDENT OCCURRED (Check one) <input checked="" type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post	
				8. IF ON POST, NAME OF INSTALLATION/FACILITY William Beaumont Army Medical Center		9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input checked="" type="checkbox"/> b. Non-Combat	
10. WERE EXPLOSIVES OR AMMUNITION INVOLVED (Causal or Contributing Role) <input type="checkbox"/> Yes (See DA PAM 385-40) <input checked="" type="checkbox"/> No		11a. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) BLDG 1034A, Pleasonton Road, FT Bliss, TX 79906					
		11b. TYPE OF LOCATION Company Command facility			11c. GRID COORDINATES OR LAT/LONG		
SECTION B - PERSONNEL INFORMATION							
12. NAME (Last, First, MI) Artis, David		13. SOCIAL SECURITY NUMBER (SSN) (b)(6)		14. DOB (YYYYMMDD) (b)(6)		15. GENDER (Check) <input checked="" type="checkbox"/> a. Male <input type="checkbox"/> b. Female	
16. RANK OR GRADE PFC		17. MOS OR JOB SERIES 31B		18a. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than Block 3, add UIC.) 212th Military Police Company Fort Bliss, TX 79916		18b. For injured Army Civilians or Contractors, enter home address	
19a. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty		19b. IF OFF DUTY (If on leave/pass) <input type="checkbox"/> Leave Date From: _____ <input type="checkbox"/> Pass Date To: _____		20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input checked="" type="checkbox"/> b. No		21a. TIME BEGAN WORK: 0630	
				21b. CONTINUOUS WORK w/o SLEEP:		22. HRS. SLEEP IN LAST 24:	
23. DAYS LOST/RESTRICTED (not counting day of injury) a. Hospitalized: 1 Days b. Not Hospitalized: _____ Days c. Restricted Activity: _____ Days		24. TREATED IN EMERGENCY ROOM <input checked="" type="checkbox"/> a. Yes <input type="checkbox"/> b. No		25a. OSHA 300 Log Case Number:		25b. Name of Physician/Health Care Provider: WBAMC ER	
25c. If treatment was given away from worksite, where was it given? Facility: _____ Street: _____ City: _____ State: _____				26. SEVERITY OF ILLNESS/INJURY (Check most severe) <input checked="" type="checkbox"/> a. Fatal (Date of Death 20120728) <input type="checkbox"/> b. Permanent Total Disability. Person can never again do gainful work. <input type="checkbox"/> c. Permanent Partial Disability. Person loses or can never again use a body part. <input type="checkbox"/> d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters. <input type="checkbox"/> e. Restricted Work Activity. Person is temporarily unable to perform regular duties; job transfer/light duty/profile. <input type="checkbox"/> f. Medical Treatment Beyond First Aid. Loss of consciousness, needle stick, etc. <input type="checkbox"/> g. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.) <input type="checkbox"/> h. No Injury.		27. CLASSIFICATION AT TIME OF ACCIDENT (Check) <input checked="" type="checkbox"/> a. Active Army <input type="checkbox"/> b. Army Civilian <input type="checkbox"/> c. Army Contractor <input type="checkbox"/> d. Army Direct Contractor <input type="checkbox"/> e. Nonappropriated Fund (NAF) <input type="checkbox"/> f. Other U.S. Military <input type="checkbox"/> g. ROTC <input type="checkbox"/> h. Dependent <input type="checkbox"/> i. NGB Tech <input type="checkbox"/> j. NGB IDT <input type="checkbox"/> k. NGB AT <input type="checkbox"/> l. NGB ADSW <input type="checkbox"/> m. NGB AGR <input type="checkbox"/> n. NGB ADT <input type="checkbox"/> o. NG Activated <input type="checkbox"/> p. USAR IDT <input type="checkbox"/> q. USAR AT <input type="checkbox"/> r. USAR ADT <input type="checkbox"/> s. USAR FTM <input type="checkbox"/> t. USAR AGR <input type="checkbox"/> u. USAR Activated <input type="checkbox"/> v. Foreign Nat. Direct Hire <input type="checkbox"/> w. Foreign Nat. Indirect Hire <input type="checkbox"/> x. Foreign Nat. KATUSA <input type="checkbox"/> y. Foreign Mil. Attached to the U.S. Army <input type="checkbox"/> z. Public <input type="checkbox"/> aa. Not reported	
				28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Number in order of severity) (No more than 3) a. Struck Against: 2 g. Bodily Reaction b. Struck By: 1 h. Overexertion c. Fell from Elevation i. Exposure d. Fell from Same Level j. External Contact e. Caught in/ Under/ Between k. Ingested f. Rubbed/Abraded l. Inhaled		29. BODY PART(S) AFFECTED (Number in order of severity) (No more than 3) a. Body (General): 1 m. Arm b. Head n. Wrist c. Forehead o. Hand d. Eyes p. Fingers e. Nose q. Leg f. Jaw r. Knee g. Neck s. Ankle h. Trunk t. Foot i. Chest u. Toes j. Heart v. Other (Specify) k. Back l. Shoulder	
				30. TYPE OF INJURY/ILLNESS (Number to Correspond with Block 29) a. Burns (Chemical) m. Puncture Wound b. Burns (Thermal) n. Hernia, Rupture c. Amputation o. Frostbite d. Decompression Sickness p. Heat Stroke e. Asphyxiation (Suffocation) q. Heat Exhaustion f. Fractures r. Noise Injury/Illness g. Dislocation s. Needle Stick or Sharp h. Abrasions t. Loss of Consciousness i. Concussion u. Other (Specify) j. Sprain/Strain k. Cuts/Lacerations l. Contusion			

SECTION B - PERSONNEL INFORMATION (Continued)				Artis, David																																																		
31. Person's action(s) at time of accident (Check one and explain in Block 32.)																																																						
<input type="checkbox"/> a. Soldiering	<input type="checkbox"/> i. Patient Care (People/Animals)	<input type="checkbox"/> q. Handling Animal	<input type="checkbox"/> y. Counseling/Advisory																																																			
<input type="checkbox"/> b. Combat Soldiering	<input type="checkbox"/> j. Test/Study/Experiments	<input type="checkbox"/> r. Maintenance/Repair/Service	<input type="checkbox"/> z. Sports																																																			
<input checked="" type="checkbox"/> c. Physical Training	<input type="checkbox"/> k. Educational	<input type="checkbox"/> s. Fabricating	<input type="checkbox"/> aa. Hobbies																																																			
<input type="checkbox"/> d. Weapons Firing/Handling	<input type="checkbox"/> l. Information and Arts	<input type="checkbox"/> t. Handling Material/Passengers	<input type="checkbox"/> bb. Passenger																																																			
<input type="checkbox"/> e. Engineering or Construction	<input type="checkbox"/> m. Food and Drug Inspection	<input type="checkbox"/> u. Janitorial/Housekeeping/ Grounds Keeping	<input type="checkbox"/> cc. Human movement																																																			
<input type="checkbox"/> f. Communications	<input type="checkbox"/> n. Laundry/Dry Cleaning Services	<input type="checkbox"/> v. Food/Drink Preparations	<input type="checkbox"/> dd. Horseplay																																																			
<input type="checkbox"/> g. Security/Law Enforcement	<input type="checkbox"/> o. Pest/Plant Control	<input type="checkbox"/> w. Supervisory	<input type="checkbox"/> ee. Bystanding/spectating																																																			
<input type="checkbox"/> h. Fire Fighting	<input type="checkbox"/> p. Operating Vehicle or Vessel	<input type="checkbox"/> x. Office	<input type="checkbox"/> ff. Personal Hygiene/Food/Drink Consumption/Sleeping																																																			
<input type="checkbox"/> gg. Parachuting (See Instructions DA Pamphlet 385-40)																																																						
(1) Jumper Height		(7) Wind Direction/Speed At		(15) Date graduated basic airborne training (YYYYMMDD)																																																		
(2) Jumper Weight		Jump Height Drop Zone																																																				
(3) Type of Jump		(8) Jump Altitude		(16) Type of Aircraft																																																		
(4) Parachute Type/Model		(9) Position in Stick																																																				
(5) Equipment		(10) Door Exited		(17) Accident factors (parachute): (Explain as necessary)																																																		
		(11) Time pre-jump conducted																																																				
		(12) Date of Last Jump																																																				
		(13) Type of Last Jump																																																				
(6) Wt. of Equipment		(14) Number of previous jumps																																																				
32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK																																																						
SM was conducting a Physical Fitness Test. SM Completed the Push-up and Sit-up events without issue. Immediately following the Run event of the PT Test the SM complained that he could not feel his legs. SM later was unresponsive and taken to Emergency Room for treatment. SM was sent to ICU and later died.																																																						
33. ON FIELD EXERCISE/NAMED OPERATION		34. ACTIVITY PART OF TACTICAL TRAINING?		38. REQUIRED PROTECTIVE EQUIPMENT																																																		
<input type="checkbox"/> a. Yes (If YES, specify name of exercise/operation.)		<input type="checkbox"/> a. Yes		CHECK APPROPRIATE BLOCK(S)																																																		
<input checked="" type="checkbox"/> b. No		<input checked="" type="checkbox"/> b. No		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">AVAILABLE?</th> <th colspan="2">USED?</th> <th rowspan="2">N/A</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		AVAILABLE?		USED?		N/A	YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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35. Type of training facility being used (Check one)		36. Type of training participating in at the time of accident (Check/specify)																																																				
<input checked="" type="checkbox"/> a. Garrison	<input type="checkbox"/> d. NTC	<input type="checkbox"/> g. Std. range facility/live fire																																																				
<input type="checkbox"/> b. Local training area	<input type="checkbox"/> e. JRTC	<input type="checkbox"/> h. Other (Specify):																																																				
<input type="checkbox"/> c. Major training area	<input type="checkbox"/> f. CMTC																																																					
<input type="checkbox"/> a. School (Specify):		<input type="checkbox"/> b. UNIT → <input type="checkbox"/> (1) Platoon <input type="checkbox"/> (2) Crew <input type="checkbox"/> (3) Individual																																																				
<input type="checkbox"/> b. On-the-job training		<input type="checkbox"/> c. Other (Specify):																																																				
<input type="checkbox"/> c. Other (Specify):																																																						
37. Last time individual received training prior to accident on activity specified in Block 31? (Check one)		39a. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT?		39b. MANDATORY 4 hr TRAFFIC SAFETY TRAINING																																																		
<input checked="" type="checkbox"/> a. 0 - 3 months	<input type="checkbox"/> e. 1 - 2 years	<input type="checkbox"/> a. Yes		<input type="checkbox"/> a. Yes																																																		
<input type="checkbox"/> b. 3 - 6 months	<input type="checkbox"/> f. More than 2 years	<input type="checkbox"/> b. No		<input checked="" type="checkbox"/> b. No																																																		
<input type="checkbox"/> c. 6 - 9 months	<input type="checkbox"/> g. Never	<input checked="" type="checkbox"/> c. N/A		If Yes, Date _____																																																		
<input type="checkbox"/> d. 9 - 12 months	<input type="checkbox"/> h. Not applicable			If Yes, Date _____																																																		
		40. DID ALCOHOL USE BY THIS INDIVIDUAL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one)																																																				
		<input checked="" type="checkbox"/> (b)(5) a. Yes BAC %: _____ <input type="checkbox"/> (b)(5) b. No <input type="checkbox"/> (b)(5) c. Unknown																																																				

SECTION B - PERSONNEL INFORMATION (Continued)				Artis, David	
41. If drug use by this individual caused/contributed to this accident, check appropriate block.					
(b)(5) a. Prescription		(b)(5) b. Illegal		(b)(5) c. Over-the-counter	
				d. Supplements	
				(b)(5) e. None	
42. Were vision enhancement devices being used? (Check appropriate block.)					
<input type="checkbox"/> a. Yes (Specify type/model in c and d.)		<input checked="" type="checkbox"/> b. No		c. TYPE:	
				d. MODEL:	
43. Standard/Reference covering activity/task					
<input type="checkbox"/> a. Soldier's Manual (Task No.)		<input type="checkbox"/> e. Federal/State Law			
<input type="checkbox"/> b. CTT (Task No.)		<input type="checkbox"/> f. Other (Specify):			
<input checked="" type="checkbox"/> c. AR/TM/FM (Specify) FM 7-22		<input type="checkbox"/> g. None (Go to Block 45.)			
<input type="checkbox"/> d. SOP					
44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)			45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)		
(b)(5) a. Yes			(b)(5) b. No		
			(b)(5) a. Yes		
			(b)(5) b. No		
46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)					
47. Why was mistake made/activity performed incorrectly? (Check all that apply.)					
(b)(5) a. Inadequate school training (content/amount)		g. Poor/bad attitude/indiscipline		m. Inadequate written procedures (AR, TM, SOP)	
b. Inadequate unit training (content/amount)		h. Lack of rest/sleep		n. Improper supervision	
c. Inadequate on-the-job training		i. Effects of alcohol/drugs/illness		o. Other (Specify in narrative)	
d. Fear/excitement/anger		j. Inadequate facilities		(b)(5)	
e. Overconfident in own/others abilities/complacent		k. Inadequate services			
f. In a hurry		l. Improper equipment design			
48. Time licensed on this vehicle (Check one)		49. Total AMV driving mileage (Check one)		50a. Total time in unit (Check one)	
<input type="checkbox"/> a. Less than one year		<input type="checkbox"/> a. Less than 1,000 miles		<input checked="" type="checkbox"/> Less than 6 months	
<input type="checkbox"/> b. One to two years		<input type="checkbox"/> b. 1,000 - 5,000 miles		<input type="checkbox"/> 6 months - 1 year	
<input type="checkbox"/> c. Over two years		<input type="checkbox"/> c. 5,000 - 10,000 miles		<input type="checkbox"/> Over one year	
<input type="checkbox"/> d. Unlicensed		<input type="checkbox"/> d. Over 10,000 miles		50b. Date Assigned/Hired (YYYYMMDD)	
51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.)				50c. Date of redeployment from combat zone, if applicable (YYYYMMDD)	
<input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other (Specify)					
SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not)					
		ITEM A		ITEM B	
				ITEM C	
52. Type of item					
53a. Model number					
b. Serial number					
54. Ownership (DoD, DA, POV, Unit Person)					
55. Dollar cost of damage.					
56. Rollover protection system installed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
57. Was this item being towed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
58. If towed, enter letter for item doing towing.					
59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)					
Types of Collisions					
1- Going forward and collided with moving vehicle		7- Ran off the road			
2- Going forward and collided with parked vehicle		8- Jackknifed			
3- Collision while backing		9- Going forward and rear-ended moving vehicle			
4- Collision with pedestrian		10- Going forward and rear-ended parked vehicle			
5- Collision with object (other than vehicle/pedestrian)		11- Collision while turning			
6- Overturned		12- Other (Specify)			

SECTION C - PROPERTY/MATERIEL INVOLVED <i>(Whether Damaged or Not) (Continued)</i>				Artis, David			
60. Component/Part that Failed/Malfunctioned <i>(Complete this section if a materiel failure/malfunction caused/contributed to the accident.)</i>							
	ITEM A		ITEM B		ITEM C		
a. National Stock Number							
b. Part Number							
c. Describe Part							
d. Manufacturer's Identification Code							
e. EIR/QDR Number							
61. How/Why Part Malfunctioned <i>(Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)</i>	HOW	WHY	HOW	WHY	HOW	WHY	
How Part Failed/Malfunctioned Codes: 1 - Overheated/burned/melted 2 - Froze <i>(temperature)</i> 3 - Obstructed/pinched/clogged 4 - Vibrated 5 - Rubbed/worn/frayed 6 - Corroded/rusted/pitted 7 - Overpressured/burst 8 - Pulled/stretched		9 - Twisted/torqued 10 - Compressed/hit/punctured 11 - Bent/warped 12 - Sheared/cut 13 - Decayed/decomposed 14 - Electric current action 15 - Unknown/Other Blank - Not Reported		Why Part Failed/Malfunctioned Codes: 1 - Improper equipment design 2 - Inadequate maintenance 3 - Inadequate manufacture of equipment 4 - Inadequate written procedures <i>(AR, TM, SOP)</i> 5 - Improper supervision 6 - Unknown 7 - Other <i>(Specify in narrative)</i>			
SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED							
62. Environmental Conditions. <i>(Check environmental conditions present and indicate if conditions caused/contributed to the accident.)</i>							
PRESENT	CAUSED/ CONTRIBUTED	CONDITION	PRESENT	CAUSED/ CONTRIBUTED	CONDITION		
<input checked="" type="checkbox"/>	(b)(5)	a. Clear/dry; visibility unlimited	<input type="checkbox"/>	(b)(5)	k. Wind gust/turbulence		
<input type="checkbox"/>		b. Bright, glare	<input type="checkbox"/>		l. Vibrate, shimmy, sway, shake		
<input type="checkbox"/>		c. Dark, dim	<input type="checkbox"/>		m. Radiation, laser, sunlight		
<input type="checkbox"/>		d. Fog, condensation, frost	<input type="checkbox"/>		n. Holes, rocky, rough, rutted, uneven		
<input type="checkbox"/>		e. Mist, rain, sleet, hail	<input type="checkbox"/>		o. Inclined/steep		
<input type="checkbox"/>		f. Snow, ice	<input type="checkbox"/>		p. Slippery <i>(not due to precipitation)</i>		
<input type="checkbox"/>		g. Dust, fumes, gasses, smoke, vapors	<input type="checkbox"/>		q. Air pressure <i>(bends, decompression, altitude, hypoxia)</i>		
<input type="checkbox"/>		h. Noise, bang, static	<input type="checkbox"/>		r. Lightning, static electricity, ground		
<input checked="" type="checkbox"/>		i. Temperature/humidity <i>(cold, heat)</i>	<input type="checkbox"/>		s. Other <i>(Specify)</i>		
<input type="checkbox"/>		j. Storm, hurricane, tornado	<input type="checkbox"/>				
SECTION E - ACCIDENT DESCRIPTION/NARRATIVE <i>(From Blocks 10, 46, 47, 61 and 62)</i>							
63. The investigation board will report, in narrative form on letter size paper, the facts, conditions, and circumstances as established during the investigation and present this information in accordance with DA PAM 385-40, paragraph 4-4.							
64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			64b. RANK <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>		64c. TITLE ELECTRONICS SYS MAINT TECH		
64d. SIGNATURE		64e. DATE OF SIGNATURE (YYYYMMDD)		64f. TELEPHONE NO. <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div>			
				64g. EMAIL ADDRESS <div style="background-color: black; color: white; padding: 2px;">(b)(6)</div> @mail.mil			

SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW				Artis, David	
65. The investigation board will formulate the findings and recommendations on letter sized paper in accordance with the examples contained in DA PAM 385-40, paragraph 4-3.					
66a. PRINTED/TYPED NAME OF COMMANDER				66b. RANK	
66c. SIGNATURE			66d. DATE OF SIGNATURE (YYYYMMDD)	66e. TELEPHONE NO.	
				66f. EMAIL ADDRESS	
	a. TYPED NAME/EMAIL ADDRESS	b. SIGNATURE	c. TITLE	d. RANK/DATE	
67.	See DA Form 2850, TAB A				
68.	See DA Form 2850, TAB A				
69.	See DA Form 2850, TAB A				
SECTION G - SAFETY OFFICE USE ONLY					
70. LOCAL REPORT NO.			71. ARMY HEADQUARTERS		
72. ACCIDENT TYPE (Check choice)					
<input type="checkbox"/>	a. Army Motor Vehicle	<input type="checkbox"/>	h. Other Army Vehicle	<input type="checkbox"/>	o. Personal Injury - Other
<input type="checkbox"/>	b. Army Combat Vehicle	<input type="checkbox"/>	i. Fire	<input type="checkbox"/>	p. Property Damage - Other
<input type="checkbox"/>	c. Army Operated Vehicle	<input type="checkbox"/>	j. Chemical Agent	<input type="checkbox"/>	q. POV - On Official Business
<input type="checkbox"/>	d. POV - Not on Official Business	<input type="checkbox"/>	k. Explosive	<input type="checkbox"/>	r. Space
<input type="checkbox"/>	e. Marine Diving	<input type="checkbox"/>	l. Missile	<input type="checkbox"/>	s. Commercial Carrier/Transportation
<input type="checkbox"/>	f. Marine Underway	<input type="checkbox"/>	m. Radiation		
<input type="checkbox"/>	g. Marine Not Underway	<input type="checkbox"/>	n. Nuclear		
73. NAME OF SAFETY POINT OF CONTACT (POC)			74a. PHONE NO. OF SAFETY OFFICER POC (DSN, Commercial, etc.)		75. DATE REPORT COMPLETED BY SAFETY OFFICER (YYYYMMDD)
			74b. EMAIL ADDRESS		
SECTION H - EXPLOSIVES/AMMUNITION					
76. EXPLOSIVE/AMMUNITION INFORMATION:	ITEM 1	ITEM 2	ITEM 3	ITEM 4	
a. LOT #					
b. QUANTITY					
c. NET EXPLOSIVE WEIGHT (NEW)					
d. DoDIC/DoDAC					
77. SPECIAL INTEREST					
78. SUPPLEMENTAL INFORMATION					

WILLIAM BEAUMONT ARMY MEDICAL CENTER
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Patient: ARTIS, DAVID

Autopsy #: A12-8

Referred to Armed Forces Medical Examiner for Release Determination

ARTIS, DAVID

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FINAL ANATOMIC DIAGNOSIS (continued):

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End of Report